

STATE OF TENNESSEE HOME INSPECTOR LICENSING PROGRAM

Department of Commerce and Insurance 500 James Robertson Parkway, 2nd Floor Nashville, TN 37243 615-253-1743 FAX: 615-741-6470

www.state.tn.us/commerce/boards/hic /index.html

| Date Re | eceived | Transaction # | File | # | |
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| | APPLICATION | FOR HOME IN | SPECTOR LIC | FNSF | |
| | ALLECATION | TON HOME HA | JI LOTON LIC | LINGL | |
| FOR LICENSING | CONSIDERATION PE | R THE HOME INSPECT | | OF 2005, PLEASE | SUBMIT |
| | ou are applying under (the <u>Home Inspector "G</u> ges 1, 2, 3, & 5. | | | | |
| Applicants applyin submit pages 1, 2, | ng under Chapter 65 of 3 & 4. | the Public Acts of 200 | 95, § 6(a) should cor | nplete this applic | ation and |
| vith a \$ 300.00 non check payable to: [| t be typewritten or legi n-refundable application Department of Comme nspector Licensing, 50 | n fee must be submitted rce and Insurance, and | together in order to p I mail to: Departmen t | rocess. Please mail of Commerce ar | ake your id |
| PERSONAL INFOR | RMATION | | | | |
| I. Name: Mr | Ms | ast Name | First Name | Middle or Maio | len |
| 2 Date of Birt | th/ | 3 | Social Security No | | |
| 2. 546 01 511 | ··· | 0. | Social Security No(optional) | | |
| Business line) an | | mailing address with an | "X" in the appropriate ector Licensing Office | e box. Chapter 65 | of the |
| () Residence | | | | | |
| () Business | Street or P.O. Box | City | Count | y State | Zip Code |
| | | Name of Busin | ess | | |
| | Street or P. O. Box | City | Count | sy State | Zip Code |
| Residence Phone | | Busine | ss Phone | | |
| | E-mail Address | | | | |

RDA 2225

IN-1532

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| <u>ATION</u> | | | | | |
| course | v/copies of the document is must be included with entation. If applying un nclude one of the follo | your application. Ider Chapter 65 | If applying under | r the "grandfather | " law, you will not subn |
| () H | gh School Diploma | | | | |
| () C | opy of high school transc | cript which clearl | y indicates the gra | aduation date. | |
| () C | opy of college transcript | which clearly inc | dicates the high so | chool graduation of | date. |
| () G | ED Certificate | | | | |
| INSP | ECTION TRAINING PRO | GRAMS | | | |
| course | c/copies of the document is must be included with entation. If applying under the following: | your application. Ier Chapter 65 of | If applying under the Public Acts o | r the "grandfather" | " law, you will not subn |
| | Name of school/enti Title of courses com Hours granted. Date(s) of course(s) Signature and title of Location site of institution | pleted. taken. of school designe | e. | | |
| DENT | AL HISTORY | | | | |
| | ave you ever been convi | cted of or pled gu | uilty or nolo conte | ndere to any felor | ny or any crime? |
| | "Yes" attach a copy of the arrurdon. Provide a complete write | | indictment, the court's | s judgment, release fr | om parole or probation or |
| | ave you ever been denie ate or local jurisdiction? Yes No | ed a license, or ha | ad a license susp | ended or revoked | by Tennessee or anot |
| /I f | "Yes", attach a copy of the lice | ensing authority's co | mplaint or decision F | Provide a complete w | ritten evolunation) |

(If "Yes", attach a copy of the licensing board's complaint or decision. Provide a complete written explanation.)

licensing or certification of home inspectors?

Yes No

(3) Have you ever been denied a license in connection with the performance of home inspections or the

WORK HISTORY

List your work experience for the past 5 years. Begin with your present employment and list each previous employer. (If you were self-employed during any employment period, place an "x" in the box, and complete the section with that information)

| () Seir-employed | | | | | | |
|---|------|-----------|-----------|---------------------------------------|--|--|
| Present Employer | | | | | | |
| Address | | | | | | |
| Supervisor's Name (if applicable) | | | Phone No | | | |
| Date Employed: From | _ to | Job Title | | · · · · · · · · · · · · · · · · · · · | | |
| Brief Description of Duties: | | | | | | |
| | | | | | | |
| () Self-employed | | | | | | |
| Previous Employer | | | | | | |
| Addiess | | | | | | |
| Supervisor's Name (if applicable) | | | Phone No | | | |
| Date Employed: From | to | Job Title | | | | |
| Brief Description of Duties: | | | | | | |
| () Self-employed | | | | | | |
| | | | | | | |
| Previous EmployerAddress | | | | | | |
| Supervisor's Name (if applicable)_ | | | Phone No. | | | |
| Date Employed: From | to | Job Title | | | | |
| Brief Description of Duties: | | | | | | |
| | | | | | | |
| () Self-employed | | | | | | |
| Previous EmployerAddress | | | | | | |
| | | | Phone No. | | | |
| Supervisor's Name (if applicable)_Date Employed: From | to | Job Title | | | | |
| Brief Description of Duties: | | | | | | |
| | | | | | | |
| () Self-employed | | | | | | |
| Previous Employer | | | | | | |
| Address (if applicable) | | | | | | |
| Supervisor's Name (if applicable) _ Date Employed: From | to | Job Title | Phone No | | | |
| Brief Description of Duties: | | | | | | |
| | | | | | | |

AFFIDAVIT

| I hereby certify that I have read and understand the Tenness information contained within this application is true and comple by the State of Tennessee Home Inspector Licensing Program, and the Standards of Practice as adopted by the Commissione understand that any false or misleading information may result action against my license. | te to the best of my knowledge. If granted a license, I will uphold the Laws and Rules, Code of Ethics er of Commerce and Insurance, and I acknowledge and |
|---|--|
| Signature of Applicant | |

With the passing of SB3416/HB3669 on May 26, 2006, the requirements to obtain licensure as a Tennessee Home Inspector through "grandfathering" have changed and supersedes the requirements currently listed in Chapter 65, Tennessee Home Inspection License Act of 2005 Section 6(b).

Per Chapter 65, Tennessee Home Inspector License Act of 2005, Section 6(b): During the first on hundred eighty (180) days after the effective date of this act (July 1, 2006 through December 28, 2006) the commissioner may issue a license to an applicant who satisfactorily meet the following requirements:

- (1) Has been principally engaged in the performance of home inspections <u>in this State</u> for at least three (3) years; and
- (2) Furnishes a list of at least one hundred fifty (150) home inspections he/she has received compensation for in the applicant's career; and
- (3) Has obtained a certificate of insurance in an amount required by the Commissioner for general liability as well as errors and omissions to cover all activities contemplated under this chapter:
 - a. General Liability insurance must be at least \$500,000.00 per occurrence; and
 - Errors and Omissions insurance, which will protect you from lawsuits arising from serious mistakes or even something you leave off the inspection report, is being left up to the inspector and their insurance company; and
- (4) Submits a non-refundable \$300.00 application and initial licensure fee. This payment must be made by check, and made out to the **Department of Commerce and Insurance**; and
- (5) The Applicant does not have a judgment entered against him/her by a court of competent jurisdiction if such judgment was based upon the applicant's negligent performance as a home inspector.

Home Inspector "Grandfather" Affidavit

I hereby certify that I have read and understand the Tennessee Home Inspector License Act of 2005, and that the information contained within this application is true and complete to the best of my knowledge. In addition, per Chapter 65 of the Public Acts of 2005 § 6(b), I have attached a list, to include name, address, telephone number of client, (if available), date of inspection, and the type of building (single family dwelling, duplex, condominium, townhouse, triplex, or quadraplex) of at least 150 home inspections completed by me and upon which I received compensation. I certify that all inspections submitted have been performed prior to submittal date of this application. If granted a license by the State of Tennessee Home Inspector Licensing Program, I will uphold the Laws and Rules, Code of Ethics, and the Standards of Practice as adopted by the Commissioner of Commerce and Insurance, and I understand that any false or misleading information may result in failure to obtain licensure or subsequent disciplinary action against my license.

| Signature of Applicant | Date |
|------------------------|------|